

## RELATIVE RULE AFFIDAVIT

I, \_\_\_\_\_, Owner/Landlord of the property located at \_\_\_\_\_, have no blood, marital or other familial relationship to \_\_\_\_\_ (Client). The family has been screened and approved as a renter to occupy this unit. I am aware it is a violation of HUD regulations to lease to immediate family members except as a reasonable accommodation for a family member with a disability. This accommodation shall be approved by the City of Marietta Housing Choice Voucher Program.

Furthermore, I attest:

☐ I have immediate family members currently employed by the City of Marietta.

Name of employee: \_\_\_\_\_

Title of Employee: \_\_\_\_\_

☐ I have no immediate family members currently employed by the City of Marietta.

The above information is true and accurate. Any changes to the information above shall be reported immediately to the City of Marietta Housing Choice Voucher Program.

\_\_\_\_\_  
Landlord/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord/Owner – Print Name

\_\_\_\_\_  
Landlord Owner Mailing Address (Full)